

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00529

166

1. PLACE OF DEATH:

County Garrett

City or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 28 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

William Clarence Alexander

3. (b) Social Security Number

.....

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.

6. (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) January 3, 1948

8. AGE: Years --- Months --- Days 28 If less than one day --- hrs. --- min.

9. Birthplace Mt. Lake Park; Garrett Co., Md.
(Town, county, and state)

10. Usual occupation.

11. Industry or business.

12. Name Benton W. Alexander

13. Birthplace Breedlove, W. Va.

14. Maiden name Nora Alma Butler

15. Birthplace Freeport, W. Va.

16. Informant Benton W. Alexander

Address Mt. Lake Park, Md.

17. Burial Date thereof Feb. 1, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Deer Park Cemetery

Location Deer Park, Md.

18. Funeral director Herbert C. Leighton

Address Oakland, Md.

19. 2/11 19. 48 Julius A. Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 48 at 12:20 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-3-48 to 1-30-48

and that I last saw him alive on 1-30-48

Immediate cause of death Premature Birth

Malnutrition Pneumonia bronchial 2 1/2 hrs. delay

DURATION

1 day

Due to.

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James E. S. Rowan M. D. or other 8-1-48

Address Oakland, Maryland Date signed.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00530
166

1. PLACE OF DEATH:

County Garrett

City or town Oakland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 Months

Hospital, institution, or street address where death occurred:

8th Street

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County Garrett

City or town Oakland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 8th Street

(If rural, give LOCATION)

2.(a) If veteran, name war -----

3.(a) FULL NAME

Effie Conner Cahill

3.(b) Social Security Number

4. Sex Female

5. Color or race White

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife T. J. Cahill

6.(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) May 25, 1903

8. AGE: Years 44 Months 7 Days 12 If less than one day ----- hrs. ----- min.

9. Birthplace Tyler Co., W. Va.

(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

12. Name S. B. Conner

13. Birthplace Tyler Co., W. Va.

14. Maiden name Ella Cupp

15. Birthplace Tyler Co., W. Va.

18. Informant T. J. Cahill

Address Oakland, Md.

17. Burial Jan. 10, 1948

(Burial, cremation, or removal. Which?) Masonic Cemetery

Cemetery or crematory West Union, W. Va.

Location Herbert P. Leighton

18. Funeral director Oakland, Maryland.

Address Jan 10 1948

(Date rec'd by registrar)

19. Jan 10 1948

(Date rec'd by registrar)

20. DATE OF DEATH January 6, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 1947 to Jan 6 1948

and that I last saw him alive on Jan 4 1948

Immediate cause of death Coronary Occlusion

Due to -----

Due to -----

Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----

Antopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6, 1948 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 1947 to Jan 6 1948

and that I last saw him alive on Jan 4 1948

Immediate cause of death Coronary Occlusion

Due to -----

Due to -----

Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----

Antopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) ----- (County) ----- (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE E. J. Bannister

Address Oakland

Date signed 1/8/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 3 1948
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00531

93a

Reg. Dist. No. 162

1. PLACE OF DEATH:

County... GarettCity or town... Friendsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... GarettCity or town... Friendsville
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

James Henry Fike

3.(b) Social Security Number

None

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife... Catherine Fike6.(c) If alive, give age 47 years7. Birth date of deceased (mo., day, yr.) March 14-1884

8. AGE: Years Months Days If less than one day

63103

.....hrs.min.

9. Birthplace... Selbysport Garrett Co Md
(Town, county, and state)10. Usual occupation... Retired Farmer

11. Industry or business

12. Name... Jackson Fike13. Birthplace... Not Known14. Maiden name... Frances Frazle15. Birthplace... Not Known16. Informant... Mrs Catherine FikeAddress... Friendsville Md17. Burial Date thereof I-19-1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory... Friendsville AddisonLocation... Friendsville Addison, Pa18. Funeral director... Wm WintchessAddress... Grantsville Md19. Jan 18 19 48 Ethel Broadwater
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 19 48, at 6 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 19 48, to Jan 19 48
and that I last saw him alive on Jan 17 19 48

Immediate cause of death

Acute myocarditis

DURATION

2 1/2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Milton Jeffer MD

M. D. or other

Address... Friendsville, Md Date signed Jan 18, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 20 1948

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00532

Reg. Dist. No. 161

1. PLACE OF DEATH:

County Garrett
City or town Friendsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garrett
City or town Friendsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Milton Joseph Forsythe (Forsythe)

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, divorced

6 (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Dec. 1874 6(c) If alive, give age _____ years

8. AGE: Years 73 Months 1 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name Joseph Forsythe

13. Birthplace Md

14. Maiden name Ana Gray

15. Birthplace Main

16. Informant

Address Accident and

17. Duried Date thereof Jan 21, 1948
(Burial, cremation, or other) (month) (day) (year)

Cemetery or crematory Bloomington

Location Near Friendsville

19. Funeral director H. H. Savage

Address Friendsville, Md

19. Jan 21 1948 Kathryn Fike
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1948 at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 1948 to Jan 18 1948 and that I last saw him alive on Jan 18 1948

Immediate cause of death

Cancer of Rt. Kidney

DURATION

2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work?

23. SIGNATURE

St. J. Glover, M.D.

M. D. or other

Address Friendsville, Md

Date signed 1-21-48

MARGIN RESERVED FOR BINDING

I

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

INVESTIGATION OF DEATH

RECEIVED

JAN 27 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

00533

1. PLACE OF DEATH: Brendlesville
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED
 (For newborn infants give residence of mother)
 State.....MD County.....Baltimore
 City or town.....near Lanesville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Thomas Lewis Truend

3. (b) Social Security Number
386. 45-5348A

4. Sex.....M 5. Color or race.....W 6. (a) Single, married, widowed, or divorced.....Married

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....Apr 3- 1899 (1879) 68 8. (c) It alive, give age.....years

8. AGE: Years.....68 Months.....9 Days.....23 If less than one day.....hrs.min.

9. Birthplace.....MD
 (Town, county, and state)

10. Usual occupation.....Labr

11. Industry or business.....

12. Name.....Marjorie Truend

13. Birthplace.....MD

14. Maiden name.....Cuppert

15. Birthplace.....MD

16. Informant.....Goldie Wood

Address.....6005 Glenis Ave

17. Burial Date thereof.....1- 14 -48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....St. Ann's Adlon

Location.....Brendlesville MD

18. Funeral director.....H. H. Savage

Address.....Brendlesville MD

19. Jan 21 1948 Kathryn Fike
 Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....January 16 1948 at 10⁰⁰ A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from examined after death 19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death.....Coronary Occlusion

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....E. B. Baumgartner M.D.

Address.....Oakland MD Date signed.....1/16/48

1701 N. di. 100000
 1702 N. di. 100000

1911. 1793. 1793. 1793.

RECEIVED

JAN 27 1948

解：(1) 由题知， $\frac{1}{2} \times 10 \times 10^3 \times 10^{-3} = 50$ (N)

11/10/11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
City or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 62 yrs.
Hospital, institution, or street address where death occurred:
Kiser Nursing Home
How long in hospital or institution? 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

George W. Fulmer

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Jennie Green Fulmer

7. Birth date of deceased (mo., day, yr.) August 5, 1860 6.(c) If alive, give age years

8. AGE: Years 87 Months 5 Days 8 If less than one day hrs. min.

9. Birthplace Blair, Ohio.

(Town, county, and state)
Lamp Tender

10. Usual occupation Coal Mine

11. Industry or business William Fulmer

12. Name Germany

13. Birthplace

14. Maiden name Julia Lower

15. Birthplace Garrett Co., Md.

16. Informant John A. Fulmer

Address Mt. Lake Park, Md.

Burial Jan. 15, 1948

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Pleasant Valley Cemetery

Location 3 Mi. So. Oakland, Md.

18. Funeral director Verheest C. Leighton

Address Oakland, Maryland.

19. Jan 15 19 48 Julia G Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1948 at 8:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24-1945 to January 12, 1948

and that I last saw him alive on January 10-1948

Immediate cause of death Heart Failure

DURATION

Due to Malnutrition and Run down

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edward E. Johnson M. D. or other

Address Oakland, Maryland Date signed 1-15-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OFFICE OF THE SECRETARY OF DEFENSE

STATE OF TEXAS

RECEIVED
FEB 3 1948
SEC 54

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00535 166

1. PLACE OF DEATH:

County Garrett
City or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Marybelle Miller.

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single.

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) June 8th, 1874 8. (c) If alive, give age _____ years

8. AGE: Years 73 Months 7 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Piedmont, W. Va.
(Town, county, and state)

10. Usual occupation House wife.

11. Industry or business

12. Name George Miller.

13. Birthplace Somerset, Pa.

14. Maiden name Busan E. Wiffutt.

15. Birthplace Oldtown, Md.

16. Informant Miss Margaret Miller.

Address Oakland, Md.

17. Burial Burial Date thereof Jan. 15/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Oakland Cemetery.

Location Oakland, Maryland.

18. Funeral director Emory D. Bolden

Address Oakland, Md.

19. Jan 15 1948 Julia A. Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH January 12th 19 48 at 6:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21 Nov. 19 47 to 12 JAN 19 48
and that I last saw h. alive on 12 JAN 19 48

Immediate cause of death MYOCARDIAL FAILURE DURATION 12 HOURS

Due to METASTATIC RETICULUM CELL LYMPHOSARCOMA. OCT. 47?

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations DIAG. AS ABOVE

Autopsy results NOT DONE Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thomas A. Lusk M. D. or other _____

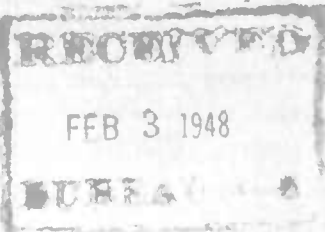
Address Oakland, Md. Date signed 14 Jan 48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 005366

1. PLACE OF DEATH:

County Garrett
City or town Mt. Lake Park Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 yrs.
Hospital, institution, or street address where death occurred:

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Rural Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1 1/2 Mi. So. Mt. Lake Park
(If rural, give LOCATION)

2.(a) If veteran, name war -----

3.(a) FULL NAME

Cevilla Queer Moon

3.(b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>	
6.(b) Name of husband or wife <u>William Moon</u>			
7. Birth date of deceased (mo., day, yr.) <u>February 20, 1854</u>			
8. AGE: <u>93</u> Years	<u>10</u> Months	<u>24</u> Days	If less than one day ----- hrs. ----- min.

9. Birthplace Somerset Co., Pa.
(Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Own Home
12. Name Conrad Queer
13. Birthplace Somerset Co., Pa.
14. Maiden name Elizabeth Long
15. Birthplace Somerset Co., Pa.
16. Informant Mrs. R. C. Wilson
Address Mt. Lake Park, Md.

17. Burial Date thereof Jan. 16, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Wm. Moon farm Cemetery
Location 1 1/2 Mi. So. Mt. Lake Park, Md.
18. Funeral director Herbert C. Leighton
Address Oakland, Maryland.
19. 1/16 48 Julia G. Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1948 at 6:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1947 to January 13, 1948
and that I last saw him alive on 1-13-48

Immediate cause of death Arteriosclerosis
myocardial degeneration
DURATION ?

Due to -----
Due to -----

Other conditions -----
(Include pregnancy within 3 months of death)

Major findings of operations -----
Date of op. -----

Autopsy results -----
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ----- Date of -----

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- Injured at work? -----

23. SIGNATURE Howard L. Tolson, M.D.
M. D. or other
Address Cumberland, Md. Date signed 1-13-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

IN THE DISTRICT OF COLUMBIA

DEATH CERTIFICATE

RECORDED
FEB 3 1948
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 109 00537 167

1. PLACE OF DEATH:

County Garrett
City or town Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all his life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Garrett
City or town near Friendsville Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Kenneth Eugene Savage

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single married, widowed, or divorced infant

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) August 23 - 1947 6.(c) If alive, give age years

8. AGE: Years 15 Months 7 Days 7 If less than one day hrs. min.

9. Birthplace Near Friendsville Brk Co. Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Daniel Savage

13. Birthplace MD

14. Maiden name Davis

15. Birthplace MD

16. Informant Mrs. M. Savage the mother

Address Friendsville Md

17. (Burial, cremation or removal Which?) Date thereof Feb 1 - 1948
(month) (day) (year)

Cemetery or crematory Blommington

Location Near Friendsville Md

18. Funeral director W. H. Savage

Address Friendsville Md

19. Feb 3 1948 Kathryn Fike
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1948 at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Chum Dwyer M.D.

and that I last saw him alive on 19

Immediate cause of death

Bronchial pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. D. Baumgardner M.D.
M. D. or other

Address Oakland Md Date signed 2/1/48

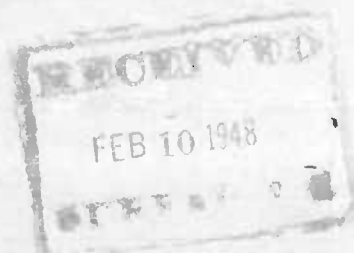
MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MISSOURI STATE DEPARTMENT OF HEALTH

STATE OF MISSOURI



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
City or town Oakland - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 yrs.
Hospital, institution, or street address where death occurred:

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Rural Oakland
(If outside city or town limits, write RURAL and give nearest town)
Street No. Route 219 6 Mi. So. Oakland, Md.
(If rural, give LOCATION)
2.(a) If veteran, name war -----

3. (a) FULL NAME

John Sisler

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Clara Ellen Sisler
6.(c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) February 11, 1870
8. AGE: Years 77 Months 11 Days 18 If less than one day
.....hrs.min.

9. Birthplace Somerset, Pa.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Own Farm
12. Name Alfred Sisler
13. Birthplace Somerset, Pa.
14. Maiden name Unknown
15. Birthplace -----

16. Informant Mrs. Harry Beeghley
Address Oakland, Md.
17. Burial Date thereof Jan. 27, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Wolf Cemetery
Location 1 Mi. west Red House
18. Funeral director Herbert C. Leighton
Address Oakland, Md.
19. Jan 27 19 48 John A. Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1948 2:25A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 23, 1947 to Jan 25, 1948
and that I last saw him alive on January 24, 1948

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis
Due to -----
Other conditions -----
(Include pregnancy within 3 months of death)

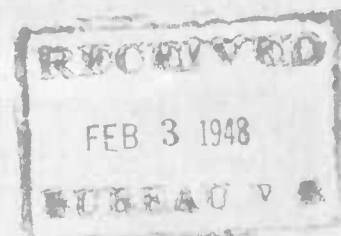
Major findings of operations ----- Date of op. -----
Autopsy results -----
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ----- Date of -----
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) -----
Means of injury ----- Injured at work?
23. SIGNATURE E. I. Baumaner M.D.
Address Oakland Md Date signed 1/26/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:

County.....

City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

It less than one day

..... hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation.....

11. Industry or business

FATHER
MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address

19.

(Date rec'd by registrar)

19

48

All-Barnes
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Jan 27

19

48 at 12:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15

19

48

to Jan 27

19

48

and that I last saw him alive on

Jan 27

19

48

Immediate cause of death

Acute Myocarditis

DURATION

Due to

Bilateral Pneumonia

Due to

Ipsilateral

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ralph Calaydella MD

M. D. or other

Address

Katy Miller, MD

Date signed Jan 27-48

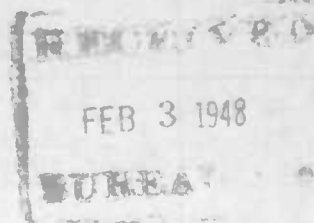
Filed with me

Jan 31 - 1948

for transcript

By A. W. Barnett Deputy Register

R. L. Bray Local Reg



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00539

Reg. Dist. No. 166

1. PLACE OF DEATH:

County GarrettCity or town Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

Street No. -----

(If rural, give LOCATION)

2.(a) If veteran, name war -----

3. (a) FULL NAME

Montgomery Wilson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Mary Margaret Wilson72

7. Birth date of deceased (mo., day, yr.)

December 19, 1874

8. AGE:

73

Years

1

Months

Days

7

If less than one day

hrs.

min.

9. Birthplace

Garrett Co., Md.

10. Usual occupation

Rail Road Track Foreman

11. Industry or business

Balto. & Ohio R. R. Co.

12. Name

Eliga Wilson

13. Birthplace

Garrett Co., Md.

14. Maiden name

Martha Nair

15. Birthplace

Garrett Co., Md.

16. Informant

John M. Wilson

Address

Mt. Lake Park, Md.

17. Burial

Date thereof Jan. 28, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Terra Alta Cemetery

Location

Terra Alta, W. Va.

18. Funeral director

Herbert C. Reighton

Address

Oakland, Maryland.19. 1/28 48 Julia Rowan

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1948 at 11:20 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 21, 1946 to January 25, 1948and that I last saw him alive on January 25, 1948

Immediate cause of death

Pneumonia

Due to

Cerebral hemorrhage

Due to

Arterio sclerosis

Other conditions

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. -----

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of -----

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) -----

Means of injury

Injured at work?

23. SIGNATURE

E. S. Shaw

M. D. or other

Address Oakland, Md. Date signed Jan 27, 48

DURATION

1 1/2 days1 1/2 days8 yrs.10-12 yrs

